

See the instructions on the reverse.  
Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

WA - 000 - 190 - 2

WA-000190-2  
Form Approved OMB No. 158-R0174

FORM  
2B  
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES  
Consolidated Permits Program

I. GENERAL INFORMATION

A. TYPE OF BUSINESS	B. LEGAL DESCRIPTION OF FACILITY LOCATION	C. FACILITY OPERATION STATUS
<input type="checkbox"/> 1. CONCENTRATED ANIMAL FEEDING OPERATION (complete Items B, C, and Section II) <input checked="" type="checkbox"/> 2. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY (complete Items B, C, and Section III)	Section 26, Range 17E, Township 24N	<input checked="" type="checkbox"/> 1. EXISTING FACILITY <input type="checkbox"/> 2. PROPOSED FACILITY

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSED UNDER ROOF			B. NO. OF ACRES FOR CONFINEMENT FEEDING
1. TYPE	2. NO. IN OPEN CONFINEMENT	3. NO. HOUSED UNDER ROOF	
			C. If there is open confinement, has a runoff diversion and control system been constructed? <input type="checkbox"/> YES (complete Items 1, 2, & 3 below) <input type="checkbox"/> NO (go to Section IV)

1. What is the design basis for the control system?

<input type="checkbox"/> 5. 10 YEAR, 24-HOUR STORM (specify inches)	INCHES	<input type="checkbox"/> 6. 25 YEAR, 24-HOUR STORM (specify inches)	INCHES	<input type="checkbox"/> 7. OTHER (specify inches & type)	INCHES	TYPE
2. Report the number of acres of contributing drainage.		ACRES	3. Report the design safety factor.		SAFETY FACTOR	

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS

A. For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow.				B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. OUTFALL NO.	2. FLOW (gallons per day)			1. PONDS	2. RACEWAYS	3. OTHER
	5. MAXIMUM DAILY	6. MAXIMUM 30 DAY	7. LONG TERM AVERAGE			
1	34.64 MGD	1,039 MG	19 MGD	--	90	--
				C. Provide the name of the receiving water and the source of water used by your facility.		
				1. RECEIVING WATER	2. WATER SOURCE	
				Icicle Creek	Icicle Creek & 7 wells	

D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.

1. COLD WATER SPECIES			2. WARM WATER SPECIES		
8. SPECIES	9. HARVESTABLE WEIGHT (pounds)		8. SPECIES	9. HARVESTABLE WEIGHT (pounds)	
	(1) TOTAL YEARLY	(2) MAXIMUM		(1) TOTAL YEARLY	(2) MAXIMUM
Spring Chinook Salmon	125,000	175,000			
Steelhead Trout	10,000	10,000			

RECEIVED  
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PERMITS BRANCH  
EPA - REGION 8

E. Report the total pounds of food fed during the calendar month of maximum feeding.

1. MONTH	2. POUNDS OF FOOD
August	38,000

IV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (print or type)	B. PHONE NO. (area code & no.)
Ralph P. Malsam, Hatchery Manager	(509) 548-7641
C. SIGNATURE	D. DATE SIGNED
<i>Ralph P. Malsam</i>	11-12-80



## INSTRUCTIONS

### General

**This form must be completed by all applicants who check "yes" to Item II-B in Form 1.** Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size and occurrence of discharge. See the description of these statutory and regulatory exclusions in the General Instructions which accompany Form 1. In particular, for animal feeding operations, the size cutoffs depend on whether or not pollutants are discharged through a manmade device or by direct contact with the facility or animals. A facility for laying hens or broilers is not required to have a permit unless it has a liquid manure handling system or continuous overflow watering. Also, facilities which discharge only in the case of a 25 year, 24 hour storm event are not required to have a permit.

For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (*for cold water species*). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (*for warm water fish*) are not required to have a permit.

Refer to the Form 1 instructions to determine where to file this form.

### Item I-A

See the note above and the General Instructions which accompany Form 1 to be sure that your facility is "concentrated."

### Item I-B

If your answer to Item VI of Form 1 does not give a complete legal description of your facility's location, use this space to provide a complete description, such as quarter, section, township, and range.

### Item I-C

Check "proposed" if your facility is not now in operation, or not now "concentrated" under the definition in the glossary found in the General Instructions which accompany Form 1.

### Item II

Supply all information in Item II if you checked (1) in Item I-A.

### Item II-A

Give the maximum number of each type of animal in open confinement or housed under roof (*either partially or totally*) which are held at your facility for a total of 45 days or more in any 12 month period.

Use the following categories for type of animals:

Slaughter Cattle; Feeder Cattle; Mature Dairy Cattle (*milked or dry*); Swine (*each weighing over 55 pounds*); Horses; Sheep; Lambs; Turkeys; Laying Hens<sup>1</sup>; Broilers<sup>1</sup>; Ducks.

<sup>1</sup> A permit is not required unless the facility has a liquid manure handling system or continuous overflow watering.

### Item II-B

Give only the area used for the animal confinement or feeding facility. Do not include any area used for growing or operating feed.

### Item II-C

Check "yes" if any system for collection of runoff has been constructed. Supply the information under (1), (2), and (3) to the best of your knowledge.

### Item III

Supply all information in Item III if you checked (2) in Item I-A.

### Item III-A

Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30 day flow is the average of measured daily flows over the calendar month of highest flow. The long term average flow is the average of measured daily flows over a calendar year.

### Item III-B

Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.

### Item III-C

Use names for the receiving water and source of water which correspond to the map submitted in Item XI of Form 1.

### Item III-D

The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society, "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.

### Item III-E

The value given for maximum monthly pounds of food should be representative of your normal operation.

### Item IV

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, . . . shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

**Federal regulations require the certification to be signed as follows:**

A. For corporation, by a principal executive officer of at least the level of vice president;

B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.



Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

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DOE

WA-000190-2

Form Approved OMB No. 158-R0175

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FWA 000190-2	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP Leavenworth National Fish Hatchery					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 Malsam, Ralph Hatchery Manager			509 548 7641		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 Rt. 1 Box 123A					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 Leavenworth				WA	98826
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 Rt. 1 Box 123A					
B. COUNTY NAME				C. CITY OR TOWN	
Chelan				D. STATE	
				E. ZIP CODE	
6 Leavenworth				WA 98826	
				F. COUNTY CODE (if known)	



## CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND														
C	7	0	9	2	1	(specify)					C	7	(specify)											
15	16	17	18	19	Fish rearing pond effluent										15	16	17	18	19					
C. THIRD										D. FOURTH														
C	7	(specify)									C	7	(specify)											
15	16	17	18	19											15	16	17	18	19					

## VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	U.S. Fish & Wildlife Service Dept. of Interior																																																<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																																																	66									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										F (specify)										C A 5 0 9 5 4 8 7 6 4 1 15 16 17 18 19 20 21 22 23 24									

E. STREET OR P.O. BOX																														
P. O. Box 3737																														
25																														30

F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
C	B	Portland															OR					97208					Is the facility located on Indian lands?												
15	16																40					41 42 43 44 45					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52												

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	9	N	WA000190-2												C	9	P														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	9	U													C	9	(specify)														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	9	R													C	9	(specify)														
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

XI. MAP																																																																																																			
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.																																																																																																			

## XII. NATURE OF BUSINESS (provide a brief description)

Fish rearing - approximately 150,000 lbs. annual production.

## XIII. CERTIFICATION (see instructions)

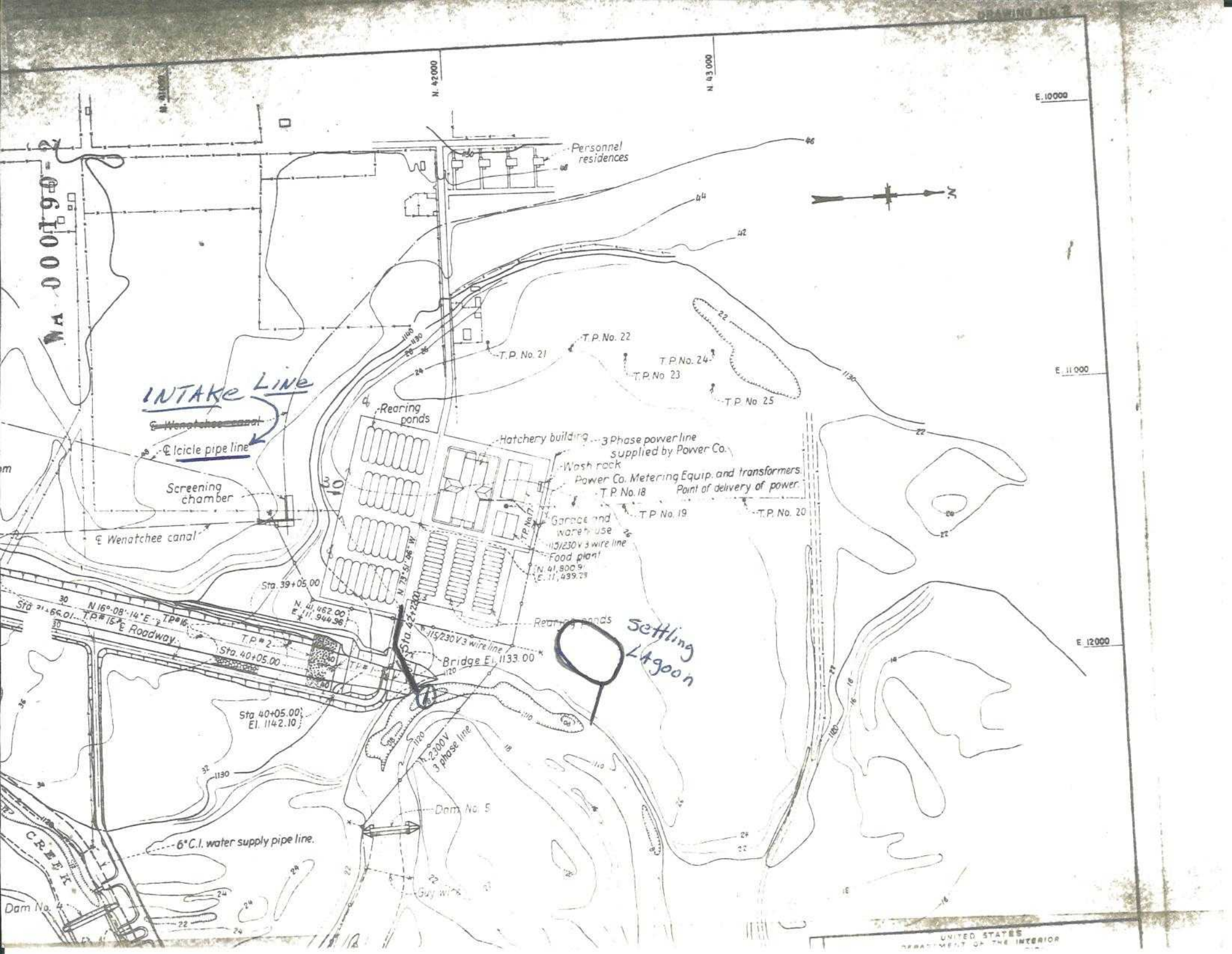
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED									
Ralph P. Malsam, Hatchery Manager																																								11-12-80									

## COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																																																	
C																																																	
15																																																	

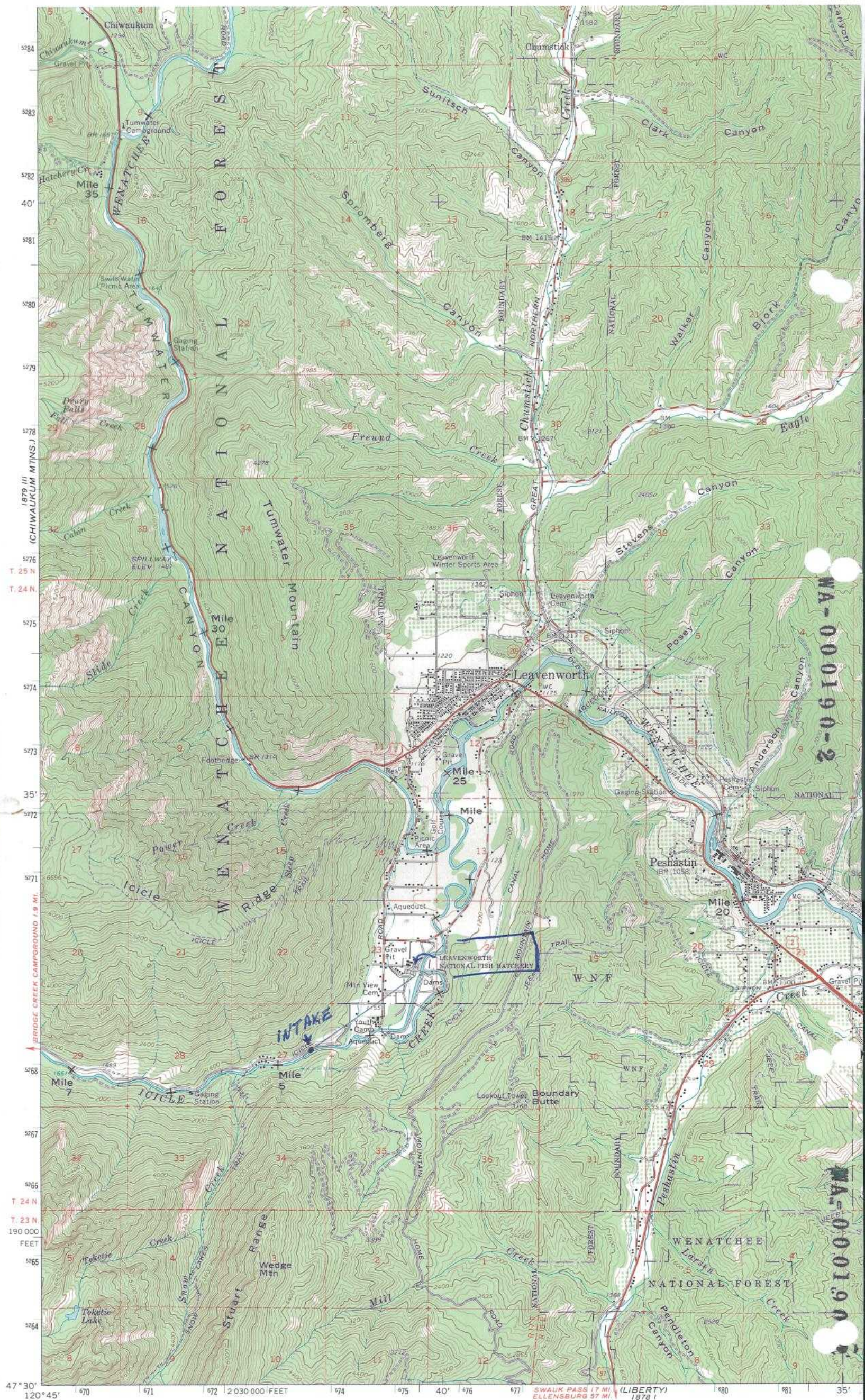




Settling Lagoon - receives discharge only during pond cleaning.

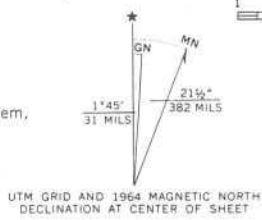
No. 1 discharge - carries pond waste water at all times except during pond cleaning.





MT STUART  
1978

Mapped, edited, and published by the Geological Survey  
Control by USGS and USC&GS  
Topography by photogrammetric methods from aerial  
photographs taken 1963. Field checked 1964  
Polyconic projection: 1927 North American datum  
10,000-foot grid based on Washington coordinate system,  
north zone  
1000-meter Universal Transverse Mercator grid ticks,  
zone 10, shown in blue



SCALE 1:62500  
CONTOUR INTERVAL 80 FEET  
DOTTED LINES REPRESENT 40-FOOT CONTOURS  
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225 OR WASHINGTON, D. C.  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST